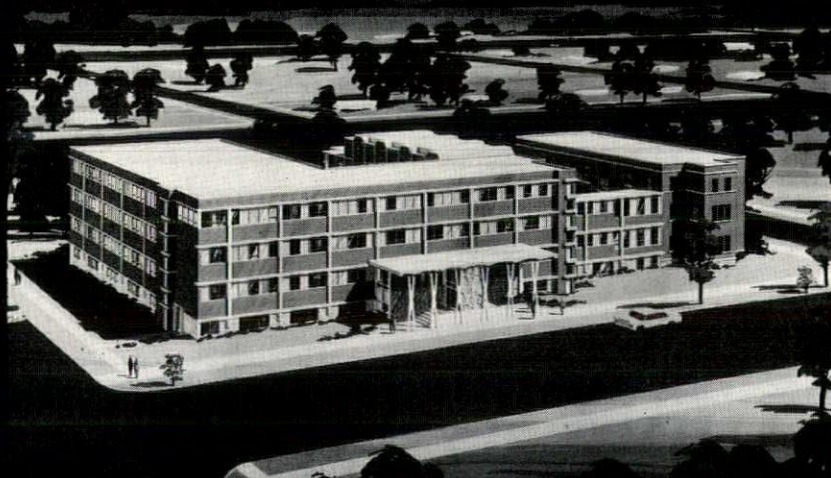
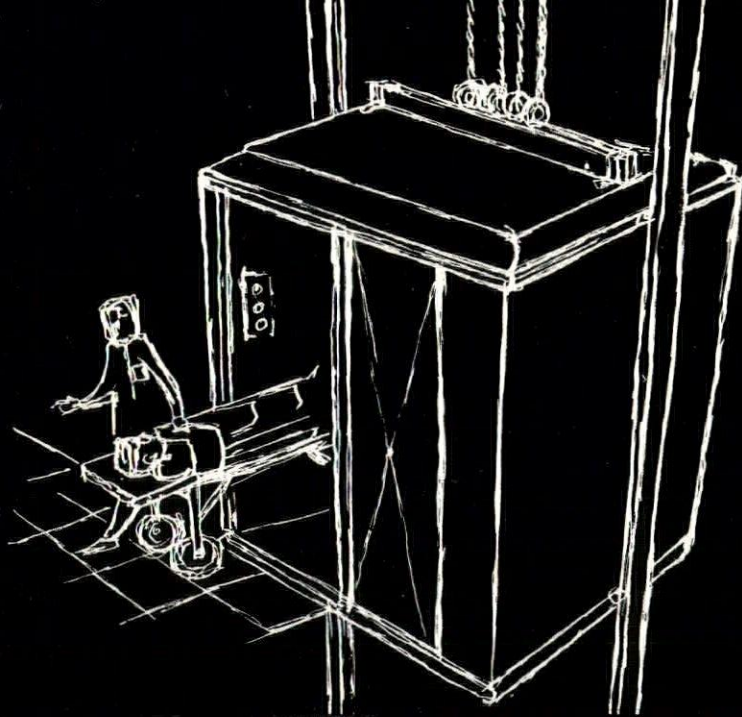


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JUNE — 1962



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The Reynoldsburg Bank, Reynoldsburg, Ohio. Architects: Taylor & Liebersbach, Columbus, Ohio. Engineers: Russell S. Fling & Associates, Columbus, Ohio. Contractor: C. C. Vogel, Columbus, Ohio.

For unusual effect, new bank chooses dramatic concrete shell roof

This sparkling new bank building is one of the newest "show places" of the Reynoldsburg, Ohio, business community. Most eye-catching of all is the sweeping drama of its interesting thin-shell concrete roof.

From the bankers' point of view, this new type of concrete construction is all the more interesting because of the savings it effected in time, labor and money. Only a single day was required for placing all the concrete used in making the saddle-shaped hyperbolic paraboloid roof and the abutments.

Construction efficiency and a desire for long-range low upkeep figured importantly in the selection of

durable, fire-safe concrete for other major components of the building. From the rugged prestressed tie-beams to the polished terrazzo floors and the huge safety deposit vault in the basement, concrete is the basic material that satisfied every requirement.

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Designer Selections

CINNAMON PINK

by Des Moines Clay Company

This new face brick is basically cinnamon brown with a unique pastel pink undertone. The texture captures the early American sand mold appearance.

SANDED BUFF

by Ottumwa Brick and Tile Company

This beige buff colored brick has an unevenly applied coarse sand face which shows some of the markings and produces a subtle pink cast.

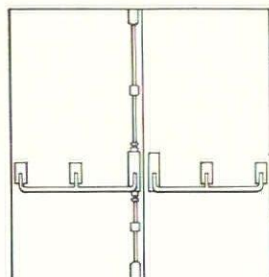
The resulting wall offers a pleasing blending of texture and color variations.



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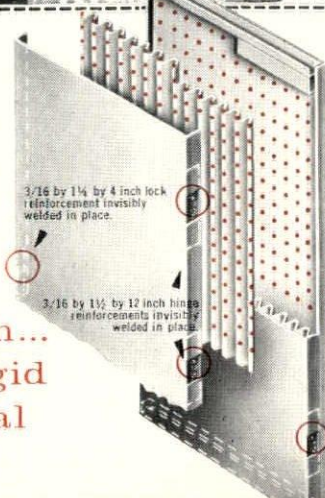
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architect, R. W. Dwyer ■ structural engineers, Mingesz & Michl, Inc. ■ general contractor, Tubising Construction Co.

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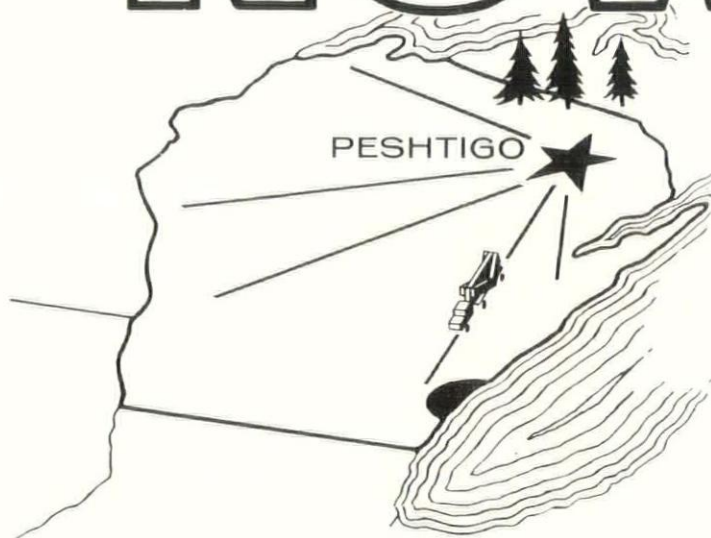
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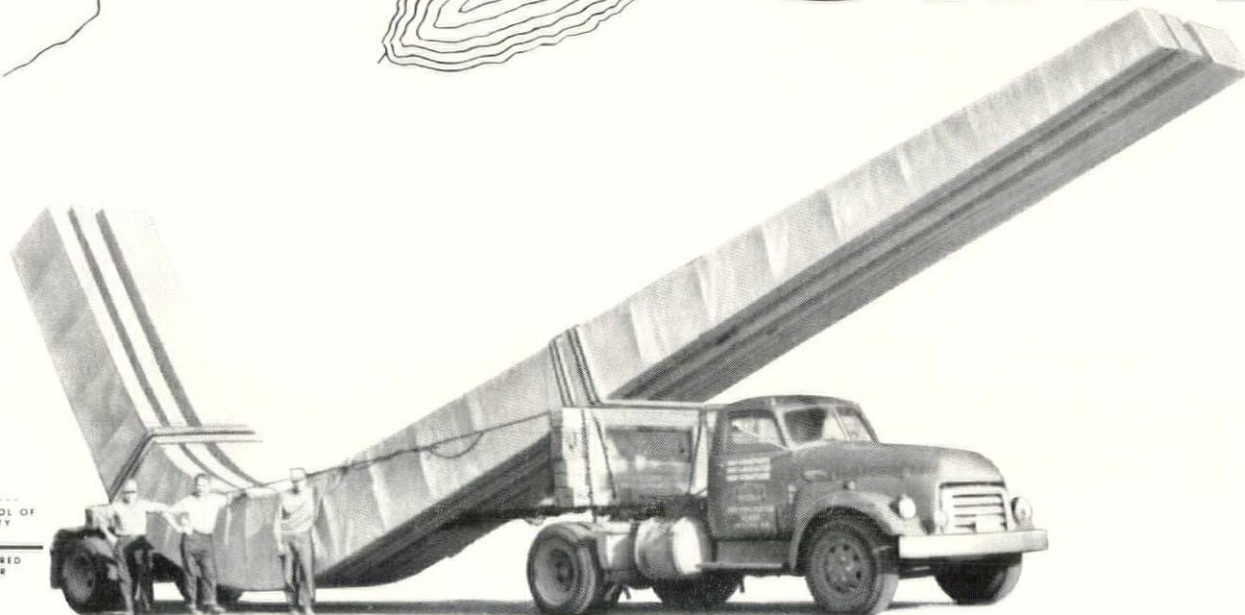
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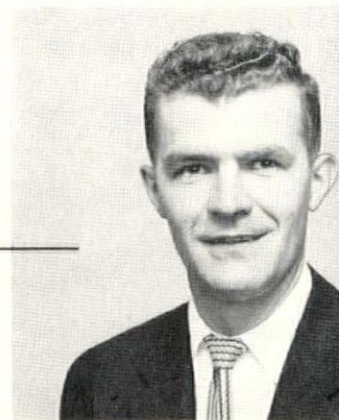
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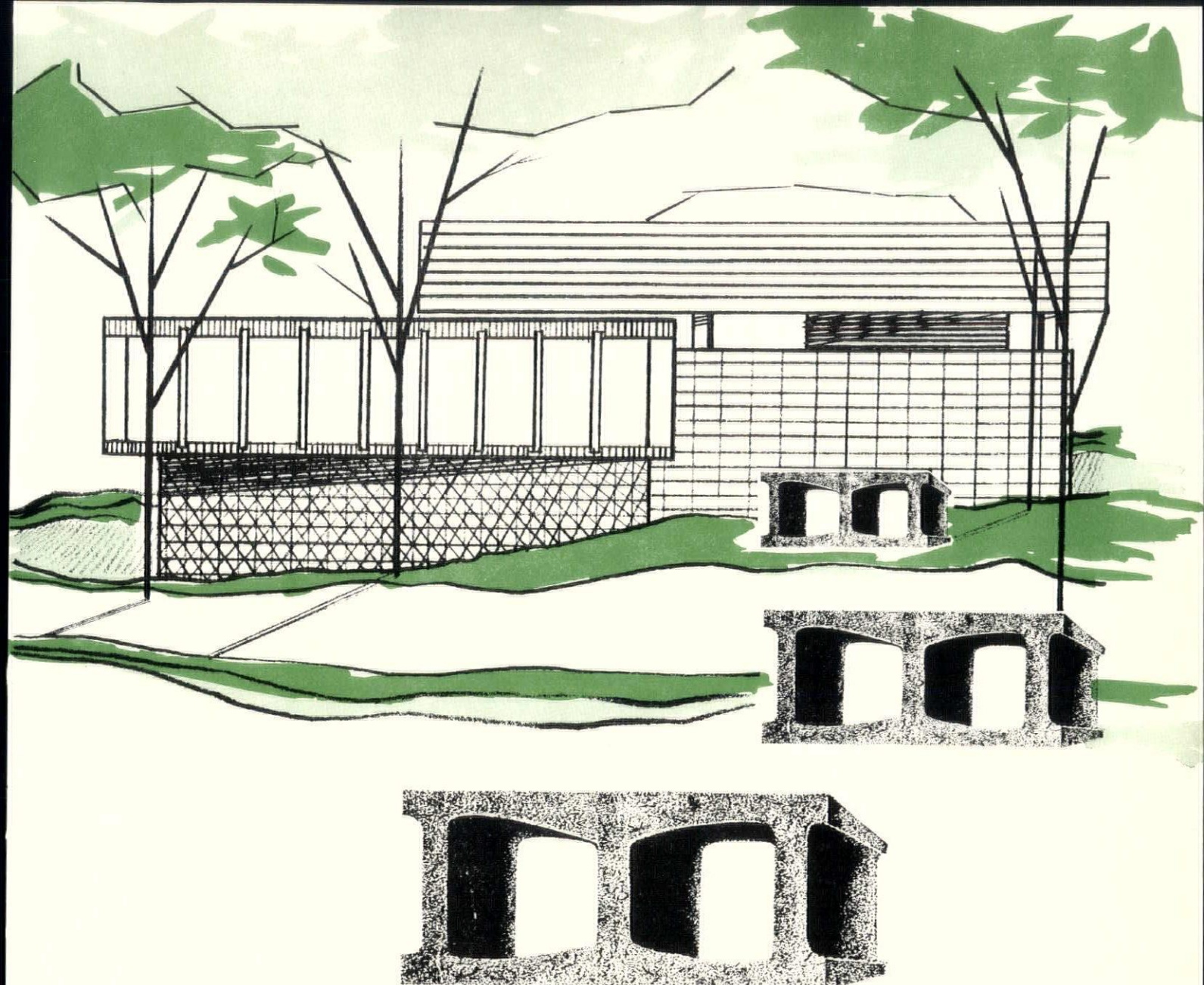
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VA 1264 Bed G M & S Hospital and Regional Office Medical Clinics • Wood, Wis.

*Urbahn Brayton & Burrows and Brust & Brust
Architects - Engineers*

NEW YORK, N. Y. MILWAUKEE, WIS.

The new Veteran's hospital at Wood, Wisconsin will call for well over 1,000,000 concrete blocks. While startling, perhaps, it is not unusual for most hospitals being constructed today feature concrete blocks—as the back-up material or in exposed interiors and exteriors.

There are many reasons, of course, that explain this tremendous increase in usage. Two basic reasons are the declining cost of concrete block construction and the improved appearance of the once lowly concrete block.

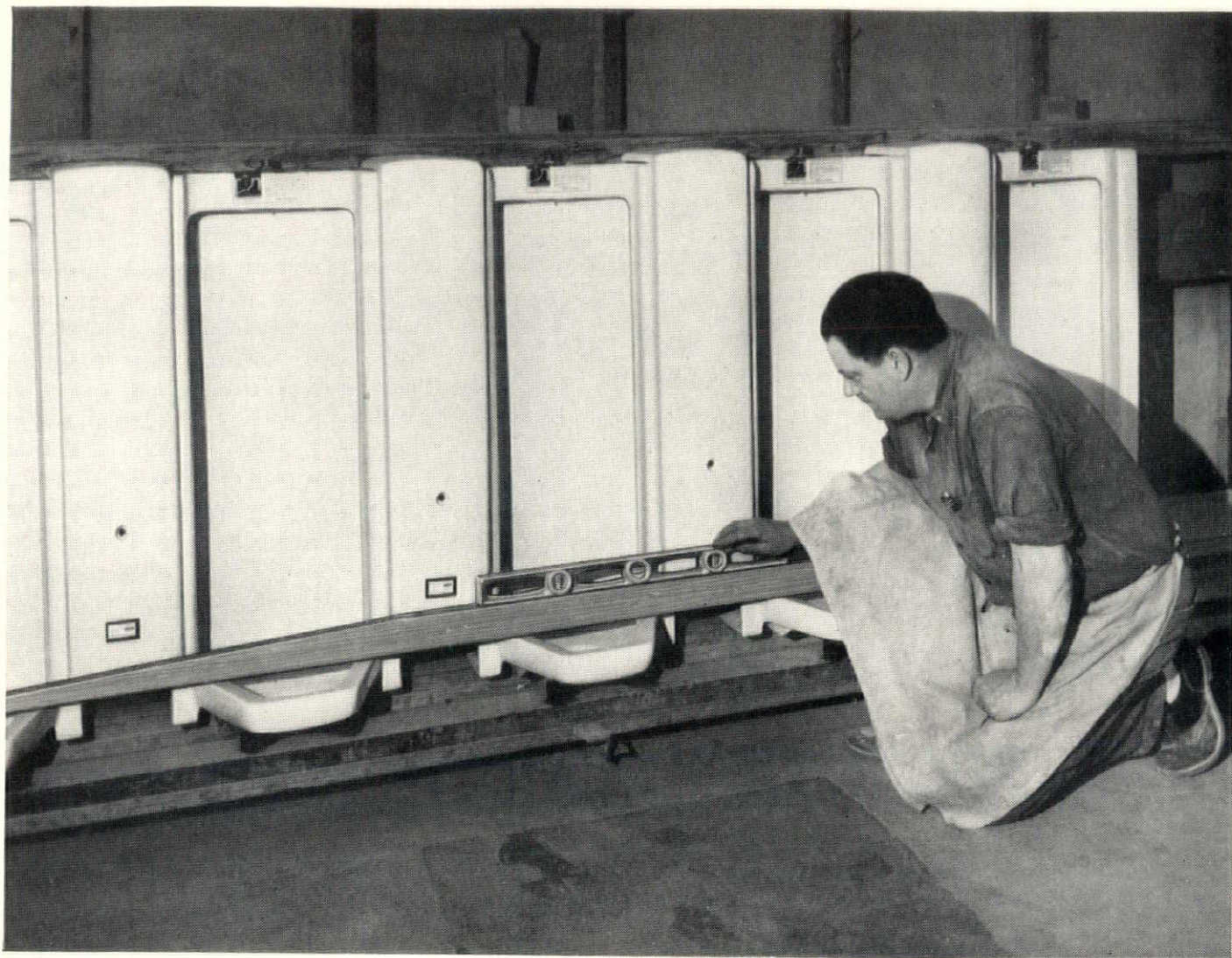
There are other important advantages to using concrete block. Architects are familiar with the strength factors, the fire-rating, the low heat transfer values, the moisture resistance of the concrete block.

And what is most important to an architect is what he can do with any given building product. In the case of block there is only one limit to what can be accomplished—the architect's own imagination.

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In this month's special hospital issue we take a look at the recent designs in this field of four Wisconsin firms—Darby, Bogner and Associates; John J. Flad and Associates; Foeller, Schober, Berners, Safford and Jahn; and Siberz-Purcell-Cuthbert—and Joseph H. Flad, member of the national AIA Committee on Hospitals and Health, makes a report on the Committee's present projects. Also included is the final segment of the speech of AIA past-president Philip J. Will, Jr., to the General Contractors of America, and news about the activities of the Women's Architectural Leagues of Wisconsin. And with the 1962-63 roster just off the presses, we've consulted the AIA By-Laws to bring you a review of the correct use of the initials, "AIA." On the cover is a photograph by Big Cedar Studios of the exterior of West Allis Memorial Hospital (Darby, Bogner and Associates).

THE



ARCHITECT

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WISCONSIN CHAPTER AMERICAN INSTITUTE OF ARCHITECTS: 4003 W. Capitol Drive, Milwaukee 15, Wisconsin. Telephone Uptown 1-9450. EXECUTIVE SECRETARY, MRS. JANE RICHARDS.

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Left to right:

HARRY BOGNER, A.I.A., N.C.A.R.B.
Education: University of Pennsylvania; Imperial Technical School, Austria.
Registered Architect, Wis., Ill., Va., Ind., N.C.
Practicing Architect since 1919
Senior Partner in Darby-Bogner

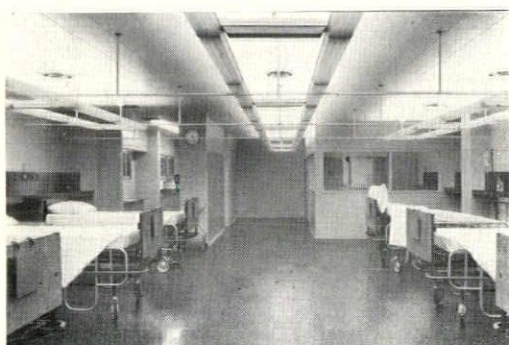
WILLIAM DARBY, P.E., A.S.C.E.
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Registered Professional Engineer, Wis.
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ROBERT M. MANTYH, P.E., A.S.C.E.
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Junior Partner in Darby-Bogner since 1956

ANDREW P. KREISHMAN, A.I.A.
Education: Diploma Ing., Institute of Technology, Karlsruhe, Germany, 1947
Registered Architect, Wis.
Junior Partner in Darby-Bogner since 1957

WEST ALLIS MEMORIAL HOSPITAL

**DARBY-BOGNER AND ASSOCIATES, INC.,
ARCHITECTS AND ENGINEERS**



Outpatient entry with colored floor guide stripes leading to various departments



Visitors' lounge on main floor

Named "Modern Hospital of the Month" in the December, 1961 issue of *Modern Hospital* magazine and also featured in *Architectural Record* magazine in March, 1962, West Allis Memorial Hospital was designed by Darby-Bogner and Associates of West Allis.

Owners' requirements called primarily for flexibility. West Allis needed a hospital that could grow as it grew and, because it is largely an industrial area, a hospital equipped in time of disaster to handle large numbers in its emergency and outpatient departments. West Allis Memorial has met these demands: two top floors of the seven-story main tower, now unfinished and used only for storage, will bring the hospital's bed capacity from 254 to 390 when finished; allowance has also been made for the addition of a geriatrics building, nurses' residence, municipal health center and orthopedic school in the future; and the outpatient department is designed so that in the event of disaster it can become a continuation of the emergency room, providing a large area where the injured can be given initial treatment. West Allis Memorial was also found to have a great plus-factor for which patients, personnel and heads of staff alike are grateful: the simple double corridor plan is non-confusing and easily navigable.

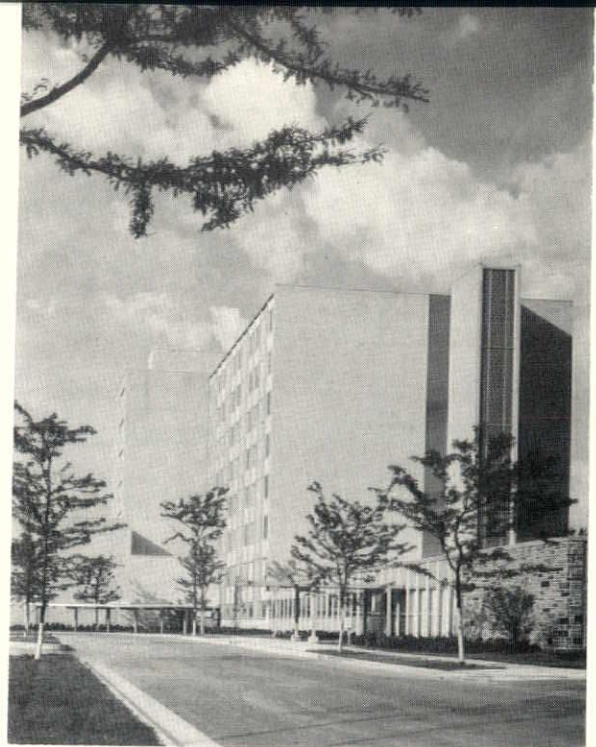
"Because of its simple there will be few man-hours lost to disoriented employees," says administrator William E. Cla. "Travel to supporting areas is accomplished easily."

Centrally located in the community on a 20-acre site at 89 Lincoln Avenue, the hospital is a southeast-northwest orientation which allows sunlight to each patient's room and pe laundry and boiler rooms positioned so that prevailing carry away the steam emitted. The site provides space for e sion and ample parking are both visitors and personnel sloping grade gives not only tiple access but light and ve tion to the basement area, in is located emergency depart loading dock, laundry and rooms, outpatient department therapy.

Studies were made to dete perimeter per bed, floor are bed and ratio of patient roo total area and a T-shaped with double corridors was c to insure minimum travel fo pital personnel. The trunk "T" is a two-story structure ing mechanical and pharmac partments and dock faciliti the ground floor, operating on the first floor and de rooms on the second. All o third floor plus half of the



Exterior view from east



View from northwest

and fifth are for general medical and surgical care. The remaining half of the fourth floor is for pediatrics; the other half of the fifth is for psychiatric care.

Central core of the building contains visitor lounges, four high speed elevators, nurses' stations, a service elevator and three dumbwaiters linking each floor to kitchen and pharmacy, treatment and examination rooms, and a control station for floor supervision. Completely equipped intensive treatment rooms, each containing four beds, are located directly across from the nursing stations on the third and fourth floors; here the critically ill can receive close supervision.

In addition to a surgical recovery room, the hospital has an obstetrical recovery room on the maternity floor which provides for the necessary degree of final observation during the recovery period, still making best use of the nurses' time. The nurseries, too, have a special feature: they are constructed so that no one other than the nurse in charge may enter. Diaper containers are removed, without entering, on the corridor side and the doctor's examining room is accessible only from the corridor; babies are examined on a counter facing the nursery. Exterior windows in the nurseries are heat-absorbing glass, giving better control of heat and light. In the psychiatric

ward security glass is used for maximum safety without metal detention screens; special dining and recreation rooms are provided for the patients there.

Most patient rooms contain two beds, though there are four private rooms and several larger, conventional wards on each floor. All rooms contain outlets for radio, telephone and television. All are air-conditioned and, for economy, separate air-conditioning units are located on alternate floors at corridor ends rather than centralized in the basement.

Control of the building's air-conditioning and other systems is centralized, however. Doctors requiring a change in a patient's room temperature, for example, give a call to a "supervisory data control center" in the engineer's office in the basement. The engineer checks his indicator (for operation and cut-off cycles of equipment, pressures, liquid levels of hydraulic and pressurized equipment) and makes the change.

To maintain quiet in the wards, the voice-call system has been eliminated. Instead, doctors carry small pocket transmitters which indicate to them when they should call the switchboard. Patients call nurses on an audiovisual system and nurses' stations are connected with other departments in the hospital by a pneumatic tube for the

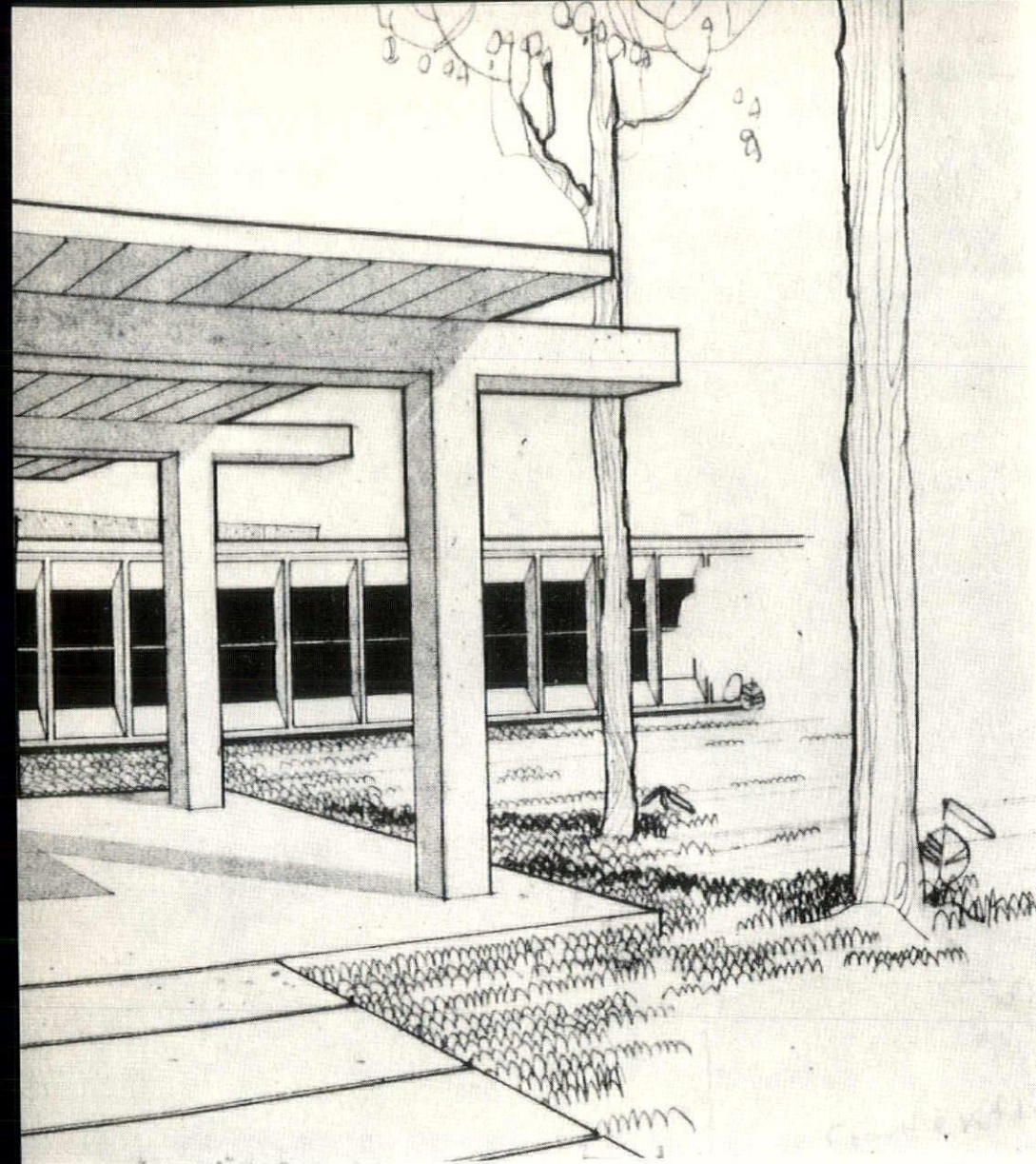
dispatch of medical records, medicines, X-ray films, etc.

In case of an electrical power failure, the hospital has diesel-operated generators which can provide electricity for two elevators, one complete boiler unit, an emergency light system, and operating and obstetrical departments.

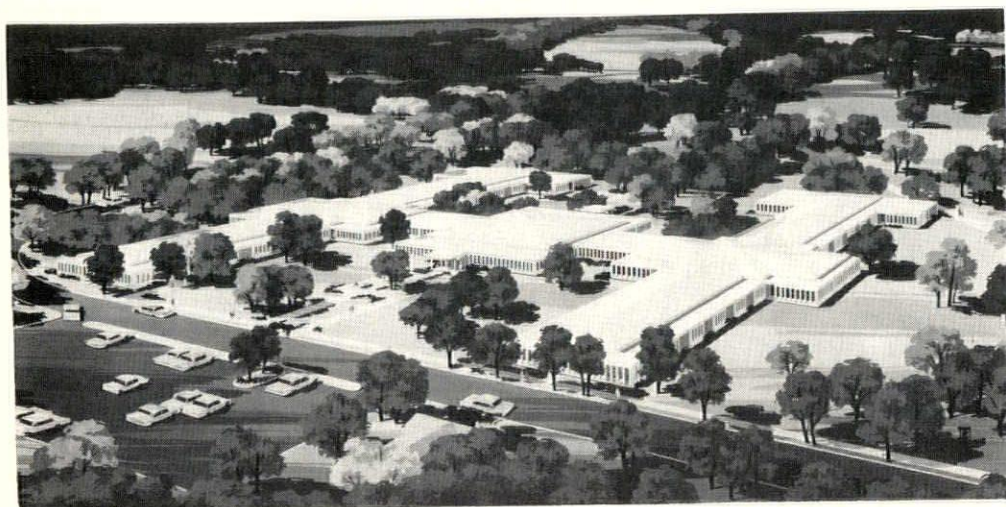
Footings and foundation walls are reinforced concrete. Steel columns support reinforced concrete joist and pan floors. Exterior walls at grade and some first floor portions are faced with split-faced granite. The end walls, boiler and operating room walls are brick. Porcelain enamel panels and aluminum sash curtain-walls between steel studs and steel mullions are used for the rest of the exterior. Interior partitions are steel studs with rock lath; finish floors are vinyl and ceramic tile; walls are plaster or ceramic tile, vinyl fabric and paint; ceilings are plaster and acoustical tile. Exterior doors are glass and aluminum, interior doors, flush wood and hollow metal. The roof covering is five-ply built-up felt and gravel.

Total cost of the building, including equipment: \$6,640,552, or \$26,562 per bed. These figures include cost of the two unfinished floors.

"Modern Hospital" magazine praises the structure's excellence of design, functional planning, economy of construction and operation, and provision for community needs.



Detail of front entry



Artists's rendering showing total layout, with men's and women's wings connected by central service area

NEW INFIRMARY WINNEBAGO

John J. Flad and Associates

The new infirmary building now under construction at the State Hospital in Winnebago, Wisconsin, is designed to meet the needs of the elderly patients to be housed there—all 55 years of age or older, many suffering with chronic disabilities, some in need of isolation or detention—and a very limited nursing and attendant staff.

Plans for the building by John J. Flad and Associates, Architects and Engineers, Madison, call for an H-shaped structure with a 200-patient capacity. The infirmary will be entirely on one floor; all stairs in areas where patients might wait have been eliminated, both within the building and in passageways to the outdoors. Each wing contains at least four detention rooms and there are nine rooms per wing equipped for either detention or isolation. These have been designed without the usual features associated with detention wards, however, and are more in keeping with chronic or aged care.

Because every member of a small staff counts, it was necessary to eliminate corners, recesses and other breaks in the hallways that might block the view of nurses on duty and require still more staff members for surveillance. To avoid a "tunnel" effect in the long hallways, ceilings there will be constructed in a regular pattern of varying heights. The storage space

Y BUILDING FOR STATE HOSPITAL

Architects and Engineers, Madison

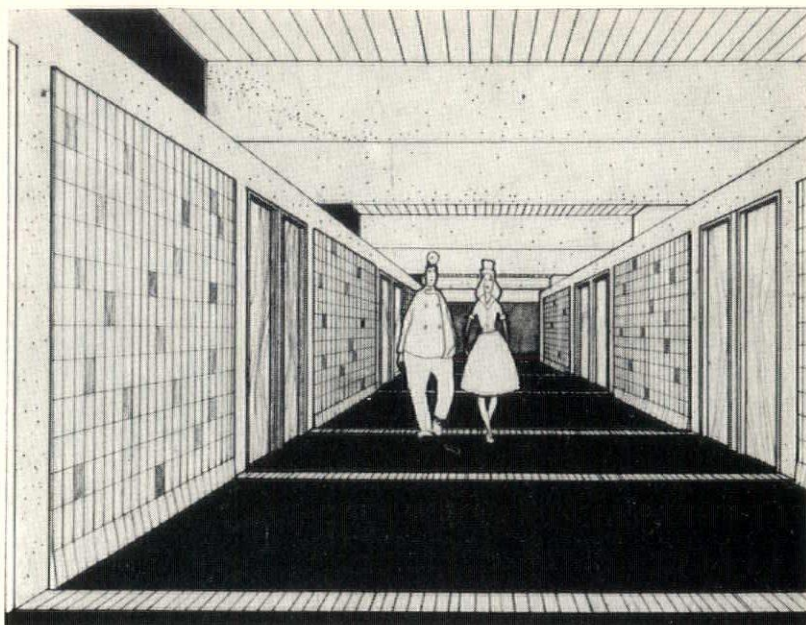
ained where the ceiling is low will be used to house piping and ductwork; between these drops in the ceiling will be clearstory lighting. By closing various utility and corridor doors, all wings of the infirmary can be divided into smaller units, each retaining its nursing station and full patient facilities. This flexibility will enable the building to adjust to patient segregation and patient load. Rooms in the west wing of both men's and women's sections are designed for non-amputatory patients requiring closer supervision; these are serviced by piped oxygen and suction systems. An outdoor court yard serves patient areas, dining room and therapeutic activity areas. Dining and activity areas are centrally located, to be used by both male and female patients jointly or separately as conditions require. The basement will contain mechanical facilities, storage rooms and a passageway to an existing underground tunnel leading to the hospital proper.

In general, the infirmary is designed as a place where the patient, aided by the staff, can repair his social machinery, develop again his lost skills and, eventually, return home. Standard psychiatric treatment used to effect these results includes tranquilization, group therapy and practical activities such as bookbinding, sewing and woodworking. The foundation, basement and

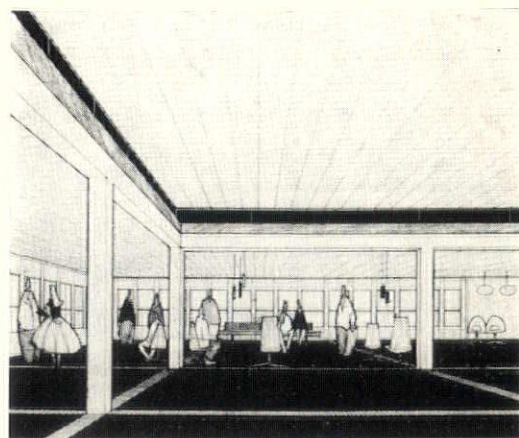
tunnel walls of the structure will be waterproofed poured concrete. Floors will be concrete slabs with vapor barriers on grade, precast slabs over basement and tunnel areas. The structural frame will be precast concrete columns and beams, the exterior walls, precast concrete exposed aggregate panels and face brick with concrete block backup. Roofing will be 1½" rigid insulation and built-up felt with white gravel topping, 20 year bond and exposed aggregate precast concrete facias. Wall finishes inside will be concrete block stack bond with special paint finish in patient rooms, day rooms, activity areas; ceramic tile in corridors, lavatories, treatment rooms; concrete block or ceramic tile with wood panelling in dining room, lobby, offices. Floors will be terrazzo throughout except in corridors and activity areas; ceilings will be acoustical tile and plaster.

Fixtures specially suited to elderly patients, many of whom are unsteady on their feet, will be handrails in the corridors, grab bars in toilets and bathrooms, and stainless steel corner protectors in traffic areas. Metal wardrobe lockers will be installed.

Heating will be done by forced hot water circuited and zoned. The building will have ventilation throughout, controlled from a central location.



Corridor view showing multi-level ceiling



Day room



EDGAR H. BERNERS, FAIA is a graduate of the University of Illinois. He was employed by the firm of Foeller, Schober and Stephenson of Green Bay and then, for a short time, in Youngstown, Ohio and Philadelphia before returning to Green Bay as partner in the firm of Foeller, Schober, Berners, Safford and Jahn, Architects.

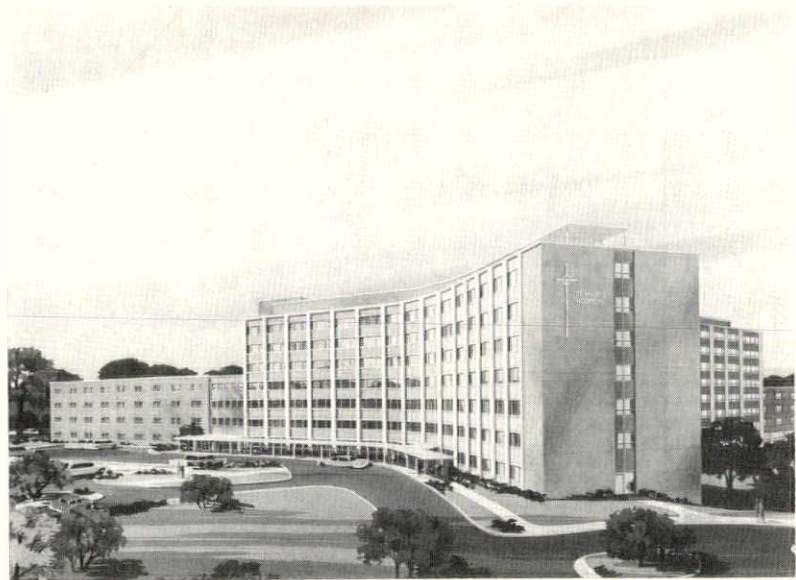


LEONARD M. SCHOBBER, AIA graduated from the University of Illinois and was first employed by Foeller, Schober, Berners, Safford and Jahn, Architects, the firm in which his father was partner at the time. Upon the senior Schober's retirement, L. M. Schober became an active partner.



PAUL A. KILP, AIA is a graduate of the University of Minnesota, 1934, and was employed for a short time by Architects Openhamer and Obel, Green Bay and Derrick Hubert, Menomonee, Michigan, before joining the firm of Foeller, Schober, Berners, Safford and Jahn. He was admitted as a partner in February, 1962, with a change in firm name to Berners, Schober and Kilp.

CLARENCE O. JAHN, AIA was active as a partner in the firm when these hospitals were designed but has since retired. Mr. Safford is deceased.



St. Mary's Hospital, Decatur, Ill.

St. Jo

FOUR NEW HOSPITALS WITH TRAFFIC PROBLEMS

FOELLER, SCHOBBER, BERNERS, SAFFORD AND JAHN, ARCHITECTS

ST. VINCENT HOSPITAL, GREEN BAY

Nursing and administrative departments at St. Vincent are located in a 10-story main building, ancillary facilities in a second, 5-story unit. No traffic between the two buildings need pass through the patient area, however. Two elevators are located where the buildings join, accessible from ambulance or public driveway. A service elevator in the east end of the 10-story building connects it with storage and merchandising areas; another connects it with the laundry, which also can be reached through a service tunnel. Necessary traffic in the patient area, too, has been minimized: the building's T-shaped plan centralizes nursing services where the arms of the "T" meet. Each floor in this 450-bed, block-long hospital can accommodate 45 patients in 15 private and 15 double rooms, each of which measures 13'x22'. The exterior is Vermont "Listavena" marble on concrete columns; windows between these columns are aluminum. Named "Modern Hospital of the Month" by *Modern Hospital* magazine in October, 1959, St. Vincent also won a Wisconsin AIA Honor Award. Administrator Sister Rose Marie, OSF, says: "When we first

moved in on December 29, 1957, our hopes and expectations were high. Now, after a busy 4½ years, serving approximately 125,000 patients, we know more than ever, we were not expecting too much."

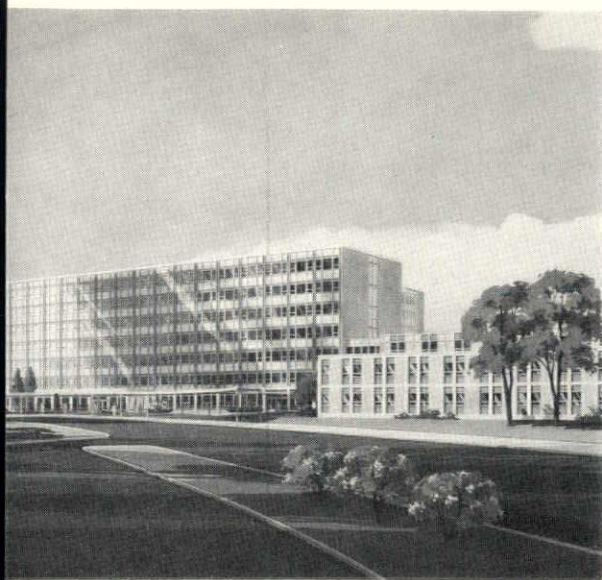
ST. MARY'S, DECATUR, ILL.

Y-shaped and graciously situated on a 21-acre site, St. Mary's was completed in August, 1961. Each wing of this 350-bed hospital leads out from a central service core in which is contained nurses' station, visitors' elevator and stairwell, utility room and dumb-waiter. Four of the building's seven floors are devoted to nursing; each of these has a sunlit visitors' lounge at the end of its east wing. A special "Teen Lane" on the fifth floor is devoted to patients between ages 12 and 18, with television, hi-fi, reading material and games available to them in a private lounge.

Director of the hospital Sister M. Jane, OSF, calls it "an administrator's dream" and praises its quietness and ease of maintenance. Its "Y" shape and wide windows give three-fourths of the patients a view of nearby Lake Decatur, too, she comments.

ST. JOSEPH, JOLIET, ILL.

This 450-bed hospital, under con-



ollet, III.



Sacred Heart Hospital, Eau Claire

N BAY

since March, 1961, will be completed this year. The central section of the T-plan structure the artist's rendering shown nine stories high: first floor the administrative department and visitors' lounges; the second contain 55 beds each in private and 22 semi-private. One floor apiece is devoted to pediatric, maternity and pediatrics. The wing to the right of the central section, built with a double height, houses special services including laboratory, first aid and X-ray departments on the ground floor for easy access. The wing to the left contains the convent and offices of the Association of Franciscan Sisters of the Sacred Heart. Patient rooms in St. Joseph measure 13'x16' and each is equipped with toilet, lavatory, oxygen and television equipment, plus nurse call radio and television. A central tube system with thirty branches services the entire hospital. The building's site (40 acres) is the best of any shown here. Sister M. Theresa, Administrator, says: "The Sisterhood is confident the hospital as planned by the architects who have had 25 years of experience in hospital construction will meet the needs

of the sick and injured entrusted to its care for many years."

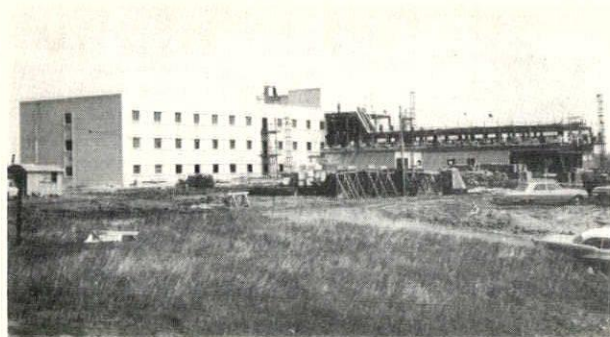
SACRED HEART, EAU CLAIRE

Up for construction bids early this month, Sacred Heart is another T-plan structure with separate patient and service areas. Patients live in the central section in rooms 13'x16' in size, each containing a toilet-lavatory, nurse call system, oxygen equipment and (some) a full bath; also in this central section is a complete psychiatric ward. To the right of it, seen in the artist's rendering here, is the three-story service wing containing emergency and outpatient departments, laboratories, surgical units and special service areas. Classrooms are also in this wing, in laboratory and X-ray departments, for a possible nurses training program in the future. "A hospital must carry on a continuing educational program," says Administrator Sister M. Clarine, OSF.

Sacred Heart's 30 acres allow for three parking lots on the site, one each for doctors, visitors and personnel. Sister Clarine says: "Sacred Heart Hospital was planned from the viewpoint of the patient, of his guests and of the physicians and personnel who serve him."



St. Vincent Hospital, Green Bay



On the Way Up...

ST. CLARE'S HOSPITAL, BARABOO

SIBERZ, PURCELL, CUTHBERT,
ARCHITECTS, MADISON

When completed this year, St. Clare's will replace St. Mary's-Ringling Hospital, operated by the Sisters of St. Mary for about 50 years, in serving the community of Baraboo, Wisconsin and surrounding Sauk County area. The Sisters of St. Mary's will own and operate the new hospital assisted by federal aid given by the Wisconsin State Board of Health through the Hill-Burton Act, and will convert St. Mary's-Ringling into a nursing home.

Situated on a ten-acre site in an expanding area north of the city, St. Clare's will offer a view of Baraboo Range and the bluffs of the Devil's Lake region. "Many weeks of searching for just the right spot were necessary," says Sister M. Placida, SSM, administrator now of St. Mary's-Ringling, soon to head the staff of St. Clare's. "But we feel that one of the most advantageous features of the new hospital is the scenic grandeur of the site." The sisters were aided in the selection of the site by Siberz, Purcell and Cuthbert and, as in all their decisions, by a lay committee of Baraboo citizens.

The new three-story structure will house approximately 100 beds. A modified cross plan was chosen to insure minimum traffic in the

patient area and provide the best view from patient rooms to the east, south and west. And the building is planned for expansion: an additional story over the main section and two over the south wing could house another 100 beds in the future.

Mechanical equipment, enclosed in a penthouse over the east wing, has been installed with expansion in mind. This includes complete air-conditioning, heating and ventilating; air-handling units and filters in surgery and delivery rooms; private toilets and bed pan washers in all rooms; explosion-proof devices; an emergency generator and other standard facilities. Two central elevators will be provided for general use; a special lift will handle food service only. Sterile supplies and drugs will be sent by dumb-waiter between central service, pharmacy and the hospital divisions.

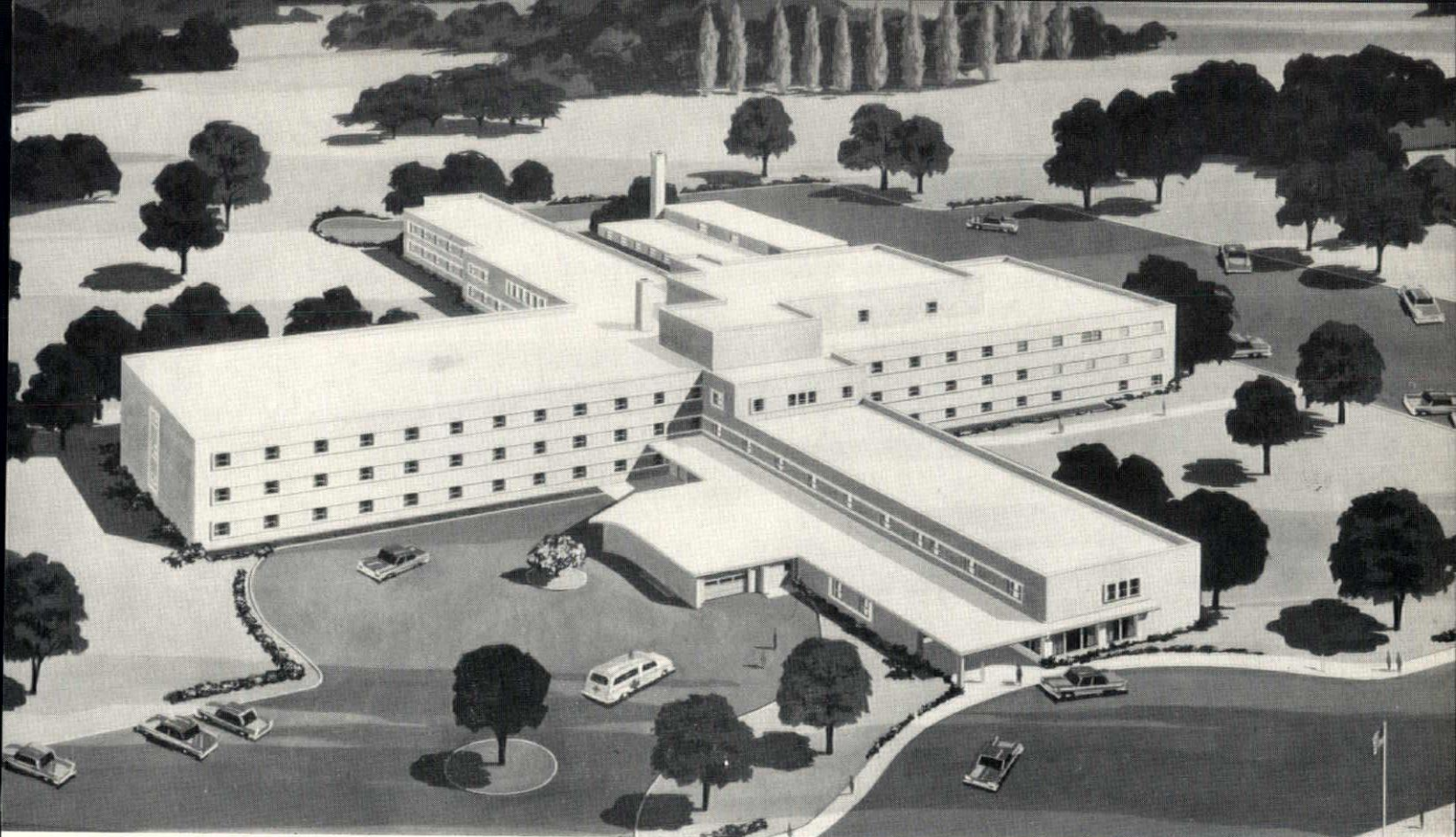
"More adequate working space for the special departments has been included," says Sister Placida. A breakdown of the hospital floors shows where these departments are located. **Ground Floor:** lockers, central supply, pharmacy storage, autopsy lab, space for future therapy department, kitchen storage, laundry (separate wing),

boiler room (separate wing), meeting rooms, sisters' work rooms, general storage. **First Floor:** administration, emergency and X-ray departments, laboratory, pharmacy, kitchen, cafeteria, sisters' quarters. **Second Floor:** surgery, patient area (50 beds possible), pediatrics (10 beds), chapel, sisters' quarters. **Third Floor:** obstetrics, maternity ward (8 beds), general patient area (40 beds possible).

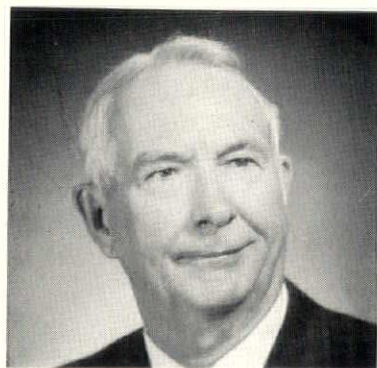
Constructed of poured concrete, the building is furred and plastered brick and hollow tile on the outside, plastered hollow tile on the inside. Floors and baseboards are terrazzo marble, or conductive tile in acute areas. Wainscots are ceramic tile; casework is both metal and wood; ceilings are largely acoustical (some are plaster) and the double windows are glider-type. Paved parking areas are provided for doctors, visitors, hospital help and delivery services.

The building area for the new structure is 132,000 sq. ft. Construction contracts total \$2,250,000 or \$17 per sq. ft.; full cost is \$2,827,000 or \$21.35 per sq. ft.

Sister Placida says the plans are "as efficient as possible." She is pleased, too, with the large area in the main lobby for both coffee and gift shops.



ALEXANDER J. CUTHBERT, AIA began as a draftsman for stone plants in Cleveland, Ohio during the four years he attended John Huntington Polytechnical night school to study architecture. For two years following this he worked for Cleveland architects and, when the depression ended his employment, went to school to acquire needed high school credits for college entrance. In 1933 he moved to Madison, worked a short time for local architects, then attended UW School of Engineering for one year. He returned to work in 1935 and studied for the State Registration Board Examination in his spare time. He was registered in Wisconsin in 1950, the same year he became a member of the AIA.



LEWIS A. SIBERZ, AIA, a native of Wisconsin, is president of the Madison firm. He studied architecture at the Universities of Notre Dame and Illinois, serving his apprenticeship in St. Louis and Chicago. A member of the AIA and Scarab (honorary architectural fraternity), he is registered in Wisconsin, Illinois, Missouri and Colorado. In 1937-38 he served as president of the Madison Chapter, AIA and was later a board member of the Wisconsin Chapter. He received the first place Milwaukee Home Show award in 1932 and First Wisconsin AIA Honor Award for his own office building in 1953. He has had 25 years of experience in hospital design.



MARK T. PURCELL, AIA, vice-president of the firm, was born in Madison and educated at the University of Wisconsin. He graduated from Massachusetts Institute of Technology with a B. S. Arch. degree in 1930 and trained in the offices of Coolidge, Shepley, Bulfinch and Abbot in Boston, Raymond Hood in New York, Richard Neutra in California and John Flad in Madison. In 1945 he came to the office of Lewis Siberz, from which the present firm has developed. A registered architect in Wisconsin since 1938, he has been a member of the AIA since 1950. From 1952-58 and 1959-61 he was a member of the Executive Board of the Wisconsin Chapter, AIA, and from 1959-61 was vice-president of the chapter.

WELCOME ABOARD

NEW CORPORATE MEMBERS

GENE G. JURENEC joined the Wisconsin Chapter, AIA as a junior associate member in 1951 and advanced to associate membership in 1959. Presently an associate in the firm of Grellinger-Rose, Milwaukee, and a native of Milwaukee, he earned his B. S. at the University of Illinois in 1949. He has had 3 years experience in the Army Air Force as a bombardier and lists golf,

fishing and painting as his hobbies.

ROYDEN D. GINNOW, a principle in the firm of Boettcher & Ginnow, Inc., Architects, Neenah, joined the chapter in 1955 as an associate member. He was born in Neenah, January 11, 1925, and now resides at 1016 Pembroke Drive in that city. Bowling and fishing are his hobbies. He received his B.A. at the University of California, Berkeley, in 1953 and was with Frank C. Shattuck, M. F. Siewert & Associates, Inc. in Neenah, from 1954 to 1959. He served with the U. S. Marines from 1942 to 1946.

SAMUEL T. BALEN, of Samuel T. Balen and Associates, 2388 Seybold Road in Madison, is a new corporate member.

Born in North Chicago, November 7, 1931, he is registered in Wisconsin and Illinois. A 1957 graduate of the University of Illinois with a Bach. of Arch. degree, he was formerly with Jack Klund & Associates of Madison. Balen saw service in the Army from 1952 to 1954 and has traveled in Korea, Japan and the U. S. A.

NEW ASSOCIATE MEMBER

E. WILLIAM JOHNSON, whose home address is 11530 N. Laguna Dr., Mequon, is with Richard P. Blake and Associates in Milwaukee. His hobbies are pencil sketching, gardening, sports, reading, sailing and water skiing. Winner of a second award in the Milwaukee Home Show Design Competition in 1958, he was born in Milwaukee, August 10, 1932, and he was a designer and draftsman with Grassold-Johnson & Associates from June, 1956 to June 1959.

NEW JUNIOR ASSOCIATE MEMBERS

ALVIN E. LUNDH, a draftsman with Durrant & Bergquist, Dubuque, Iowa, from 1960 to 1962, joined the Weiler & Strang & Associates firm in February, 1962. Born in Rockford, Illinois on August 20, 1932, he attended Algona High School, Algona, Iowa and Iowa State University, earning a degree in Architectural Engineering in 1960. He resides at 410 Rushmore Lane, Madison.

HERBERT SCHNEIDER, 508 W. Johnson, Madison, was born in New York City, March 16, 1932. He was awarded the Plym Fellowship, 1960-61, and traveled in Europe that year. Presently with Graven, Kenney and Iverson in Madison, he was formerly with Siberz, Purcell and Cuthbert there during 1961 and 1962. He earned a B. of Arch. from the University of Illinois. During 1952 through 1954, he was with the Army in Korea. He is interested in painting.

CHAPTER NOTES

Maintaining its good attendance record, the Northeast Division met on Monday, May 7 at the Elk's Club in Fond du Lac for cocktails, dinner and the monthly business meeting. Rev. Bartholomew Kestell, OFM, building consultant to the Capuchin order of monks on the island of Guam and in upper and lower Michigan, Indiana and Wisconsin, spoke to the group after dinner on a project he is helping to plan at Mt. Calvary in Marathon, Wisconsin.

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Committee—members, advisory council and ex-officio members—met at the Madison Club in Madison on April 28. During the morning session, from 11 a.m. to 1 p.m., sub-committee reports old and new were reviewed. The regular business session began at 2 p.m. and was followed by a talk by Sanford S. Farness, director of the Southeastern Wisconsin Regional Planning Commission and a member of the LMRPC advisory council. The LMRPC is a joint committee of the AIA chapters of Wisconsin, Chicago, Northern Indiana and Western Michigan whose purpose it is "to foster comprehensive planning for the Lake Michigan Region."

Winners of the 1962 Wisconsin AIA Drafting Competition were the following: Category A, complete set of drawings, D. P. Walterick; Category B, small-scale drawing, William M. Cullen; Category C, large-scale drawing, Harold A. Peckham; Category D, structural drawing, Owen J. Wakefield; Category E, mechanical trades drawing, Alex. Frunza and Elwood Anderson. Second and third prizes in categories A through D went to, respectively: A, Harold A. Peckham, Walter W. Nelesen; B, Arvin W. Kunse, Drake W. Rowe; C, D. P. Walterick, Walter L. Kratz; D, John Pel, D. P. Walterick. No second and third prizes were awarded in Category D because of lack of entries.

Approximately 300 attended the tour of the new FLW-designed Greek Orthodox Church in Milwaukee sponsored by the Southeast Division on May 2. Following a movie on Wright in the church basement, a member of the parish spoke to the group in the church proper and guides explained details of the structure to small groups.

NEWS NOTES

An international conference on designing shell structures will be held in San Francisco October 1-4, bringing together architects, engineers, researchers and builders to exchange ideas and experiences.

The conference will be presented by University Extension, University of California, Berkeley; the Building Research Advisory Board of the National Academy of Sciences — National Research Council; and the International Association for Shell Structures. Application for enrollment in the conference may be obtained from University Extension, University of California, Berkeley 4, Calif.

Donald J. Canty of Berkeley, California has been appointed head of the De-

partment of Information Services and Assistant Editor of the *AIA Journal*. Canty replaces Wolf Von Eckardt, AIA's public information officer and art director since June, 1958. Von Eckardt has resigned to free lance as an architectural writer and critic but will continue as art director of the *Journal*.

Architect Harry D. Payne of Houston, Texas, has been voted the 1962 Edward C. Kemper Award for distinguished service to the AIA and the architectural profession. The award, named in honor of a former executive director of AIA, will be presented at the national convention. Payne has worked for nearly 20 years in establishment and administration of professional insurance programs for architects in the Houston

Chapter, AIA, and the Texas Society of Architects, and more recently for AIA's nationwide membership. Chairman of AIA's Professional Insurance Committee since 1958, he has led the committee to put into effect a professional liability plan for the architectural profession, developed a detailed study on incorporation of architectural firms, and is now working on major medical and group pension plans. Payne has been a member of AIA since 1921, holding a variety of offices and committee chairmanships in the Houston Chapter and Texas Society of Architects. He was instrumental in establishing Texas' first architectural registration law, and was among founders of the Texas Society.



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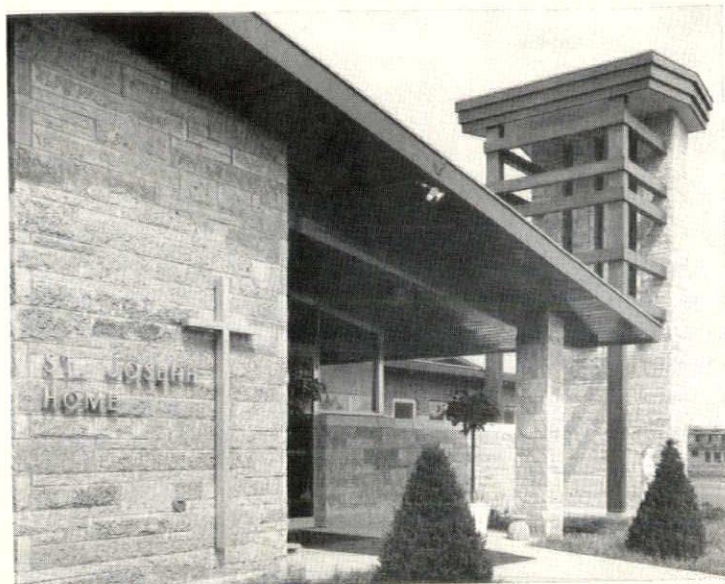
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THE ARCHITECT / THE GENERAL CONTRACTOR: TOWARD BETTER RELATIONS

This is the second and final portion of an address given by AIA President Philip Will, Jr., FAIA, to the 43rd annual convention of the Associated General Contractors of America, Inc., held recently in Los Angeles, Calif. The first portion appeared last month.

This expectation of perfection obviously places enormous new burdens on all the design professions, especially the architect. It leads us to re-examine our own educational training. We must achieve competence of a new order equal to the technology and public demand of our times. Furthermore, we must concern ourselves with the skills of the other design professions with whom we collaborate, in particular the engineering specialists. We find, for example, that the present standard educational procedures are failing to produce the professionals adequate in either number or skill to the nation's need. This has led us to a new and intensive study of education for all facets of the building industry which, before we are through, may involve, in addition to architects and engineers the planners, the landscape architects, the material producers, and construction managers, in other words—you builders.

Time does not permit me to further pursue this subject here today except to say that the ultimate answer to progress in the building industry may lie in the nation's schools and great universities.

Thus the first program of the A. I. A. deals with the professional competence of its members both individually and as they relate to the skills of the other members of the design and construction team.

Our second program is concerned with the loss of large areas of practice to others. The once broad and inclusive concept of the practice of architecture is being eroded. It is being eaten away by the encroachment of both other professions and non-professional enterprises. It is with the latter that we are most concerned.

House building has become industrialized. Although this represents progress, the fact that it is being done without the benefit of architectural leadership is a severe loss to the architect and, more importantly, to the nation. The sprawling mass of ugly and ill conceived sub-divisions which are despoiling our cities and our countryside speak eloquently of a failure for which we will soon pay heavily in future slums.

Building interiors have been largely taken over by non-professionals. While there are some able interior designers, most are more skilled at merchandising than at design.

Undoubtedly, our severest loss has been to the operator commonly referred to as the "package dealer". He wraps up everything: land, financing, legal services, architecture, building specialty products and construction. Starting with individual houses and moving to industrial plants the package dealer now leaves virtually no special building type untouched. Unrestrained by professional ethics and with ample funds to promote his wares the package dealer now prospers to the dismay of the architect and to you who still believe in the fundamental rightness of the

Continued on page 26

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WILL Continued

traditional owner, architect, contractor relationship.

Unfortunately, we cannot blast the package dealer as always representing inherent evil. There are certain highly specialized types of structures, such as oil refineries for example, where the extreme specialization and combined services are justified. Even in more conventional building types there are well intentioned dealers who do quite acceptable work, and finally, we live in a free country where package dealers have as much right as anyone else to create a saleable service or commodity.

What then is the response of the architect?

We propose to offer all the services which the package dealer now offers except do it on a professional basis. You might call it the "package without the deal". We see no reason why we cannot find land and negotiate for it on behalf of a client. We see no reason why we cannot find money and negotiate for financing. Feasibility studies are not difficult. Process engineering is as available to us as anyone. We have the means for estimating and better cost control. Normal architectural services are at our command. And for construction we can offer the well known advantages of competitive bidding by qualified general contractors.

All these things can be done under the aegis of architecture. For purposes of our program we lump them under the general heading "expanded services". To render them successfully will require know-how and a number of skills now rarely found in the office of an average architect. Such skills, however, can be developed, can be hired or can be retained as outside consultants under contract. Our first problem is to persuade our own members to accept the concept and second to educate them to its necessities. This we are in the process of doing. We are confident of success, for we are not proposing a single service not being rendered today by many of the larger and more successful officers in this country.

The key to package service, of course, is agency. Almost any service can be rendered for another as his agent. If the service is rendered for a fee and not for a concealed profit, it is professional. While we recognize that we have hurdles to cross and there is much to be learned, we believe that the concept of expanded services will re-open many fields of practice to the profession. Furthermore, the increased responsibility will make of the architect a more knowledgeable citizen as well as a more competent professional performer. As the architect prospers, so will the general contractor.

Our third program, and the last I will report to you today, is geared to the first two and is perhaps the most important of all. It is concerned with the overall responsibility of the architectural profession to the nation's welfare.

Let me first sketch the background conditions which give rise to our concern and our program. As this background is largely already familiar to this audience, I shall be brief.

Like nearly all nations, the United States is experiencing the mixed blessings of the world population explosion. We are fortunate, in that we still have the land and resources to accommodate all our citizens at both ends of the age spectrum. Because we have the productivity to feed, house and clothe our people, a growing population is generally an economic stimulant, and expands the market for goods and services of all kinds. Yet such growth brings its problems; for all growth is not necessarily healthy, nor all change for the better.

We see our cities sprawling even farther into the countryside while our inner cities decay. We see unhealthy population movements where the responsible middle class moves to the suburbs, leaving the metropolitan center to

the incompetent poor and irresponsible wealthy. We see our country and open spaces lost to speculation and the misuse of precious land. We see the movement of goods and people strangled in traffic and communities destroyed by ill guided solutions to the traffic problem. We see streams and lakes polluted and the air befouled. We see design control by the short sighted and incompetent. We see disorder where order could exist, and ugliness where beauty could be. We see all the evidence of a nation growing but without principle, plan or national objective worthy of a great democracy.

Such are the circumstances in which we find ourselves. Few seem to care and no one is responsible.

To this the architectural profession is answering: Yes, we care, and yes, we will assume responsibility both individually and collectively. We believe that any discipline worthy of being called a profession must assume responsibility for that aspect of national welfare for which it qualifies by reason of education, training, motivation and the dedication of mind and heart. Yes, we will make it our mission to assume responsibility for all of our man made physical environment. And we shall do all in our power to see that our world is shaped in harmony with the aspirations of man.

Of course, we recognize our limitations, and, of course, we recognize that the burden we seek to bear we will not carry alone. We are aware that the building and re-building of the United States will require the skills and good will of all who can contribute and all who care. Architect, planner, landscape architect, engineer, builder, social scientist, politician and ordinary responsible citizen, all must participate. Yet, we feel that of all who have special abilities to offer, the architect is uniquely qualified to lead and to co-ordinate.

We propose to do just that, realizing that the task is huge and knowing that we have much to learn before our reach will equal our grasp.

And what do we ask of the general contractors?

We seek your understanding and support. As pillars of the building industry you are expected to have greater understanding of the problems we face. You certainly have your own future at stake.

With us you create the physical environment which surrounds us. What we do will shape the life of a nation for generations to come. With nothing to lose but confusion, frustration and ugliness, we invite you to join with us in the battle for a new and better world.

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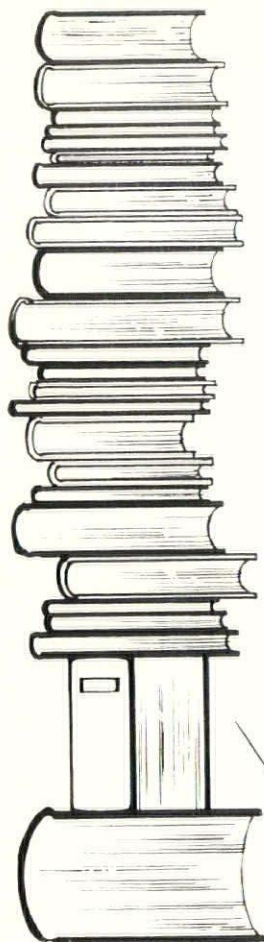
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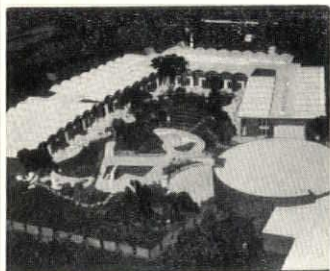
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NATIONAL AIA HOSPITAL AND HEALTH COMMITTEE

A REPORT BY JOSEPH H. FLAD

This is the first in a series of committee reports by Wisconsin men who are members of national AIA committees.

On December 1, 1961 I was informed by Wm. Scheick, Executive Director of the AIA of my appointment to the Committee on Hospital and Health. Included in the letter was a statement setting forth the duties of the Committee which read: "To provide professional leadership in the study of the principles of planning health facilities, the total remedial environment; to establish organizational liaison at the National and Regional levels and to cooperate with governmental and private agencies in matters of mutual interest; disseminate its contributions to professional knowledge by publication and by conference, with suitable qualifications as to authorship so as to avoid the connotation of official Institute Sponsorship."

The first meeting of the committee was held February 12 and 13 in Washington with the second scheduled for next September in New York City. All members are active in the hospital architecture field with several doing

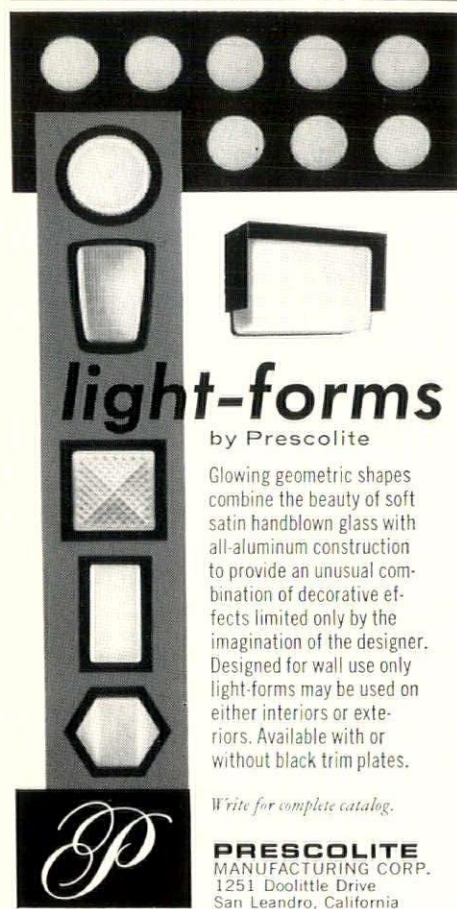
hospital work exclusively, both in this country and abroad. The agenda for the year is ambitious as well as comprehensive; all members are assigned to particular research projects covering a wide range of hospital subjects. Most of these projects are continuous in nature with yearly reports of progress to be made to the board.

Work accomplished in the past year includes the completion of the first stage of a large scale American Hospital Association — AIA joint research program on Hospital Planning and a short range project on hospital department construction costs. Work is continuing on hospital department area studies, hospital lighting and a comprehensive statement of responsibilities of parties involved in hospital planning.

A joint AIA-AHA fellowship in Hospital Architecture was approved by the board in January. Universities participating have schools of architecture and hospital administration.

Liaison and joint programs continue with the AHA, U. S. Public Health Service, National Institute of Health, American Public Health Association, Office of Vocational Rehabilitation and the Office of Civil Defense. Members of the committee have participated in national and regional conferences and exhibitions, and are preparing articles for the *AIA Journal*. Preliminary studies from the New York Chapter are to be published in late 1962. Studies are now being made of existing hospital evaluation procedures and environmental factors of patient care.

This very briefly and broadly is a report on the activities of the National AIA Hospital and Health Committee. A more detailed and comprehensive report will be made at a later date as I become more familiar with the work of the committee.



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WAL ACTIVITIES

Indispensable helpmates to the Wisconsin Chapter, AIA — especially in the area of Public Relations — are members of the three Women's Architectural Leagues of Wisconsin. Married to the AIA in purpose (and, most of them, in fact), these hard-working girls plan the social events of their divisions, help to raise money for the W.A.F. and generally add the "woman's touch" to AIA proceedings. Membership is open not only to architects' wives, though these comprise the greatest number, but to lady architects and anyone interested in the leagues' purpose.

What have the leagues been doing lately?

"The Arts in Creative Living," theme of the 1961-62 program of the Western WAL, has led to a series of interesting programs for members of that organization. The season opened with a get-acquainted tea in September and since then, either with the AIA or at their own meetings, they have heard speakers on "The Art of Architecture," "The Art of Decoration," "The Art of Dance," "Art of the Church," "Art and Sacred Arts" and "Techniques of Ballet." Just recently they sponsored a Valentine Dinner Dance.

But perhaps the best evidence of their ability as liaisons between architects and the public was their work on the AIA Honor Awards display in the Capitol Building last May. Western WAL's handled invitations, correspondence, finances and publicity for the exhibit. They sponsored the reception which followed its opening on May 17. And they saw to it that at least one of their members was present from 10-1 and 2-5 daily to act as hostess for the display until it closed on June 1.

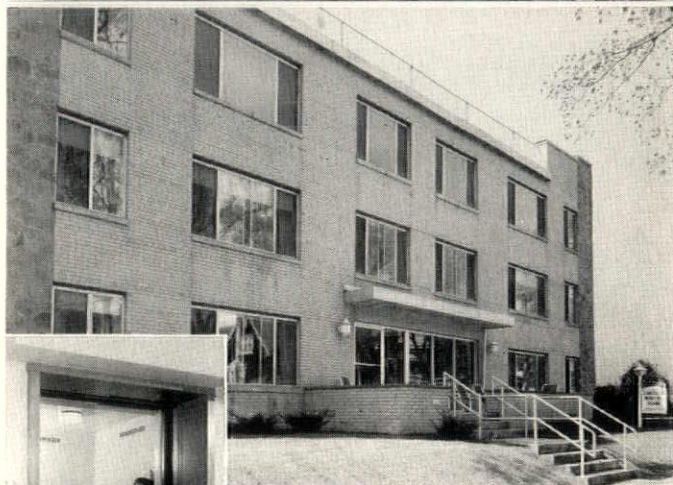
League president Mrs. Stanley Nerdrum says the group has a new project for supporting the Wisconsin Architects Foundation; this will be reported in an issue to come.

Newest WAL is the 14-member Northeastern group, formulated at the Northeast Division meeting in Neenah on January 8. It will meet twice a year, once in November or January and again at the state convention. President Mrs. Lawrence Bray hopes that more wives of the division will join.

Mrs. Charles Harper, program chairman of the Milwaukee WAL, third and largest of the WAL divisions, describes a survey her group took last fall to determine what type of money-raising event members were most willing to undertake. Preferred most was the WAL Ball, an annual event which in the past has taken the form of a Roman banquet, a dance called "A Night in Monte Carlo," and a party at the state convention titled "A Night in a Wigwam." This year members will postpone the ball, however, rather than plan it hurriedly, and have reserved a date for it next February at the Hotel Pfister in Milwaukee. They will hold another auction this summer, though; auctions ranked second in their project-popularity poll. Tying for third place were the making and selling of Christmas decorations, which they hope to do this year, and the sponsoring of a benefit theatre party — which they have just done successfully at the Sunset Playhouse in Elm Grove; members and friends of the AIA saw a performance there of "Stalag 17" on March 2, with proceeds going to the WAF. Fourth in preference was an evening of cocktail parties to be held simultaneously at

Continued on page 34

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various architects' houses and attended, by ticket, by AIA members and friends; this is likely to be scheduled for next fall.

Called the "Women's Architectural League of Milwaukee" but open to members from the entire Southeast Division, this group celebrated its fourth birthday on May 5 at its annual convention meeting. Organized on May 5, 1958, and incorporated in January of '59, it has since sponsored such programs as lectures, seminars, displays; has been hostess for the AIA at conventions and exhibits; and, assisted by the Western WAL, now is conducting a state-wide survey to determine the number of high school students

interested in architectural training — also to determine how many will not be able to afford it because they cannot get it in Wisconsin. Helping architectural students, or helping the WAF to help them, is their primary concern. They are committed to a yearly donation to the W.A.F., half of which goes for tuition aid; the other half makes up a building fund to be used when and if a school of architecture is begun in Wisconsin.

Mrs. Thallis Drake, wife of Douglas Drake and president of the Southeast WAL, offers her group's assistance to the other two as a sort of "big sister."

"If they can profit by our mistakes and successes," she says, "so much the better."

WHEN

IS

"AIA" OK?

When may the initials "A.I.A." be used after an architect's name to denote membership in The American Institute of Architects? Occasionally there is confusion on this subject among laymen, even among architects. And so this month, with the 1962-63 Wisconsin Chapter, A.I.A. roster just off the presses listing corporate, associate and junior associate members of the Institute, it seems fitting to review the rules for using the initials as stated in the A.I.A. by-laws.

Student Associate members of the Institute may not use the initials or the name *The American Institute of Architects* at any time after their names.

Junior associate members may write *Junior Associate of the Wisconsin Chapter of The American Institute of Architects* after their names but must spell out the name of the Institute in full and never may use, simply, *A.I.A.*

Associate members are entitled to write *Associate Member of the Wisconsin Chapter of The American Institute of Architects* after their names. The name of the Institute again must be spelled out and the initials never may be used.

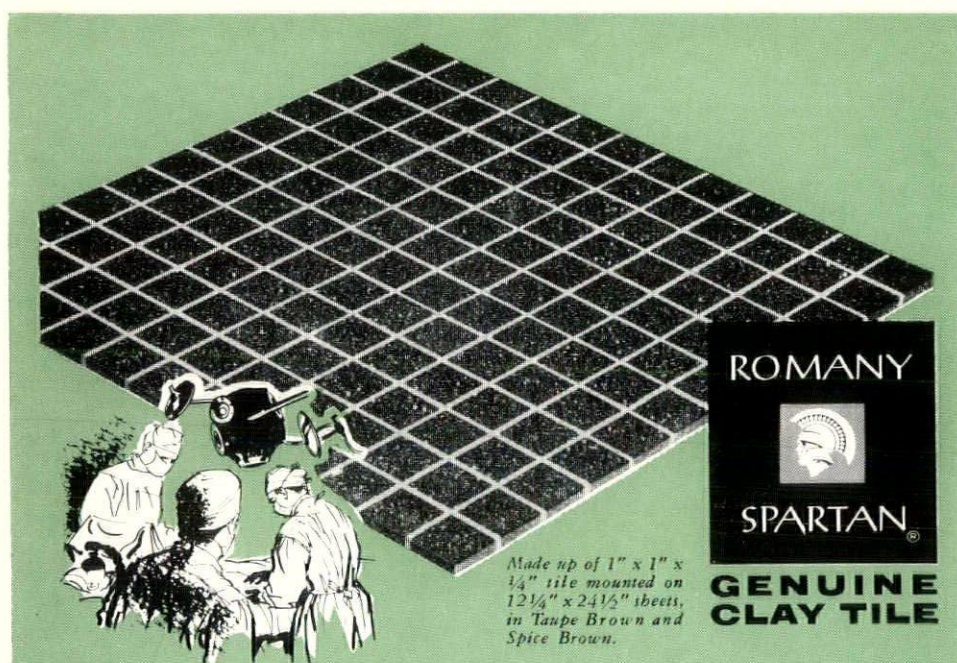
Honorary associate members may write *Honorary Associate of the Wisconsin Chapter of The American Institute of Architects*, but may not use the initials.

Corporate members are the only members entitled to use the initials after their names.

Honorary members are entitled to write *Honorary Member of the Wisconsin Chapter of The American Institute of Architects*. They may not use the initials.

Fellows of the Institute are entitled to use the initials *F. A. I. A.* after their names.

Honorary Fellows, however, must write *Honorary Fellow of The American Institute of Architects*. The use of the initials is not permitted.



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